Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>03-14-2010</u>	Address:	CR 1150 S. approx. 1/4
Case #:	<u>16-19582</u>		mi. (E) of US 31 on the
County:	<u>Miami (52)</u>		(N) side of the roadway
Type of Laboratory Seizure (check one) Operational Lab Chemical/Glassware/Equipment (only)		Seizure Location (Residence Outbuilding	check all that apply) Hotel/Motel Open – No Structure
Dumpsi	ite (only)	Vehicle	Other:
(check all the	nd: Location (bedroom, kitchen, open and apply) Ammonia Reaction(s): outdoors Osphorous/Iodine Reaction(s): Ible Solvents: outdoors Reactive Metal (Lithium): outdoors Outdoors	_	
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agence		Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other:	
	ment: Galveston Fire Dept.	Fax:	cation:
Health Department: Miami County Child Protection Service: N/A		Fax: 765-473-0285 Fax: N/A	
Investigating	nformation regarding this methamphe g Officer: T.J. Zeiser Phon	ne <u>765-473-6666</u>	

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

listed within 24 hours of scene processing.

This form is to be included and a second processing.